

# Sexual Violence and the Spectrum of Prevention

Towards a  
Community  
Solution

---

## National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC), with funding from the Centers for Disease Control and Prevention, developed as the nation's principle information and resource center regarding all aspects of sexual violence. It collects and disseminates a wide range of resources on sexual violence, including statistics, research, statutes, training curricula, prevention initiatives and program information.

The NSVRC, which opened in July 2000, assists coalitions, local programs and others working to end and prevent sexual violence. Allied organizations, government agencies and the general public also turn to the NSVRC for information and resources. The NSVRC provides national leadership by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. It has become a critical resource to the nation, providing technical assistance and professional consultation to sexual violence prevention programs and allied professionals.

The NSVRC develops a variety of resources such as booklets, toolkits and directories in addition to annual national Sexual Assault Awareness Month campaign materials, and its bi-annual news publication, *The Resource*. These resources and other useful listings, including funding announcements, job opportunities and scheduled trainings around the country, appear on its website. The NSVRC also maintains an extensive online library.

### NSVRC

123 North Enola Drive

Enola, PA 17025

[resources@nsvrc.org](mailto:resources@nsvrc.org)

[www.nsvrc.org](http://www.nsvrc.org)

Toll free: 877-739-3895

Sexual Violence  
and the  
Spectrum of Prevention:  
*Towards a Community Solution*

National Sexual Violence Resource Center

By

*Rachel Davis, Lisa Fujie Parks, Larry Cohen*

## ACKNOWLEDGEMENTS

This publication was commissioned by the NSVRC and developed in conjunction with the Prevention Institute. The Prevention Institute is a non-profit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development.

The NSVRC wishes to express its appreciation to the following people for their assistance in the development of this booklet. Special appreciation is given to Leah Aldridge, Karen Artichoker, Shelley V. Bearman, Mark Bergeron-Naper, Yvonne Cournoyer, Marci Diamond, Lori B. Girshick, Paul Kivel, Alisa Klein, Patrick Lemmon, Amy Okaya, Barri Rosenbluth, Abby Sims, and Sally Thigpen for providing information about inspiring sexual violence prevention activities and successes and to Elizabeth Berger and Ryu Chen for assistance with research.

### ADDITIONAL RESOURCES

- Cohen L., Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Injury Prevention*. 1999; 5:203-207. [www.preventioninstitute.org/spectrum\\_injury.html](http://www.preventioninstitute.org/spectrum_injury.html).
- For additional examples of how the *Spectrum of Prevention* has been used to prevent other forms of violence, see
  - *Cultivating peace in Salinas* ([www.preventioninstitute.org/salinas.html](http://www.preventioninstitute.org/salinas.html))
  - *First steps: taking action early to prevent violence* ([www.preventioninstitute.org/firststeps.html](http://www.preventioninstitute.org/firststeps.html)).
- For details about the programs mentioned in this booklet and further technical assistance see, National Sexual Violence Resource Center: [www.nsvrc.org](http://www.nsvrc.org).
- For online opportunities to discuss the primary prevention of violence against women visit Prevention Connection: The Violence Against Women Prevention Partnership: [www.preventconnect.org](http://www.preventconnect.org).

This publication was supported by Grant/Cooperative Agreement Number H28/CCH324095-02 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

## INTRODUCTION

### Building on the Vision to End Sexual Violence

Resistance to sexual violence has been occurring for centuries. Building on these acts of opposition, women began a movement to end sexual violence more than 30 years ago. The movement has made strides in breaking society's collective silence, addressing issues of oppression and inequity, and forging new policies, all while supporting survivors, families, and friends. The rich history of advocacy provides a set of tools, knowledge, networks, and skills for intervention after sexual violence, as well as prevention *before* violence has occurred – that is, primary prevention. Primary prevention helps create environments where we can be more confident that people are safe in their relationships, homes, neighborhoods, schools, work places – in any environment.

*Sexual Violence  
is preventable.*

This article describes a primary prevention approach to addressing sexual violence. Sexual violence is a learned behavior that can not be learned in the first place. In other words, sexual violence is preventable. Grounded in the belief that a single individual or sector cannot address the problem alone, it explores the conditions that create environments in which sexual violence occurs, and provides a tool, the *Spectrum of Prevention*, for effectively developing a comprehensive prevention strategy. It is designed for advocates, practitioners, and educators who are interested in advancing a community solution to preventing what is unacceptable, yet all too common – sexual violence.

## What Leads to Sexual Violence?

Despite many accomplishments in the last few decades, sexual violence is still a major cause of injury and trauma across the country. According to the National Violence Against Women Survey, 1 in 6 women and 1 in 33 men in the United States has experienced an attempted or completed rape at some time in their lives.<sup>1</sup> There is no single cause that accounts for sexual violence. Rather, a combination of forces – both those that increase the risk of violence (risk factors) and those that reduce the chances that violence will occur (protective factors) – largely determine whether or not sexual violence will be committed. However, when sexual violence occurs, the general public typically asks, “What could the victim have done differently?” or “What’s wrong with the perpetrator?” Either way, the focus is often at the individual level. Yet individual behavior is fundamentally shaped by relationship factors, such as the presence or absence of physical violence and level of emotional support in family relationships; community factors, such as employment opportunities and the strength of community sanctions against violence; and societal factors, such as the extent of oppression and gender inequality.<sup>2</sup> The influence of these factors beyond the individual can be so powerful that, as the Institute of Medicine concluded in its study on health promotion, “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment *conspire* against such change.”<sup>3</sup>

*The key is to create and sustain healthy norms in our communities.*

Norms are one of the most powerful societal and community influences in shaping behavior. They are regularities in behavior with which people generally conform, and they foster disapproval of deviance.<sup>4</sup> More than a habit, norms are often based in culture and tradition. They are our attitudes, beliefs and standards that we take for granted. In other words, norms are behavior shapers. They are the way in which the environment tells people what is okay and not okay. There are at least five kinds of damaging norms that contribute to an environment in which sexual violence can occur. They are norms about: 1. *women*: limited roles for and objectification and oppression of women; 2. *power*: value placed on claiming and maintaining power (manifested as power over); 3. *violence*: tolerance of aggression and attribution of blame to victims; 4. *masculinity*: traditional constructs of manhood, including domination, control and risk-taking; and, 5. *privacy*: notions of individual and family privacy that foster secrecy and silence.

Our society glamorizes and sexualizes violence. Often sexual violence is ignored, excused, condoned, and even encouraged. While most people do not commit sexual violence, and therefore it is not *normal* behavior, these kinds of norms imply a level of acceptance and a sense of complacency about sexual violence. They promulgate a toxic environment in which sexual violence can take place *and* inhibit appropriate action while condoning *inappropriate inaction*. Given this, it is not surprising that some people commit sexual violence and many bystanders don’t speak up or intervene.

We must acknowledge and change these norms if we are to make major strides in preventing sexual violence. The key is to create and sustain healthy norms in our communities. In addition to holding individual perpetrators accountable and providing quality services for victims, communities need a comprehensive prevention strategy. We *must* tip the balance in communities and replace current norms with norms that promote respect, safety, equality and healthy relationships and sexuality. This beckons for a primary prevention approach and a community-wide solution.

## Toward a Community Solution

Communities are vital in the development of violence prevention strategies. Local initiatives can better respond to the needs of a specific community and often receive high levels of support and participation. By involving multiple partners and interventions, comprehensive community approaches can reach more people than education alone. One tool that can assist advocates and practitioners in developing comprehensive sexual violence prevention initiatives is the *Spectrum of Prevention*, developed by Larry Cohen.<sup>5</sup> Designed for broad scale change, it focuses not just on individuals but also on changing the environment, including systems and norms. The *Spectrum* outlines six levels of intervention (see table, page 7). By working at all six levels, communities can design an overall strategy that results in a whole that is greater than the sum of its parts. *Spectrum* strategies have been applied in communities throughout the nation to a variety of issues including traffic safety, nutrition, physical activity, and violence prevention.

*Communities are vital in the development of prevention strategies.*

## Using the *Spectrum of Prevention*

An activity at any of the *Spectrum's* six levels constitutes an intervention. However, when these levels are used in combination, the *Spectrum* becomes a more transformative force. The inter-relatedness between levels of the *Spectrum*, or synergy, enables advocates and practitioners to maximize the result of any one prevention activity. For example, efforts to influence policy (Level 6) will have a better chance of being enacted when public awareness and support are garnered through education (Level 1, 2) and a variety of partners in different sectors are working to effect the desired change (Level 3, 4, 5). The synergy between the levels also contributes to changes in norms because activities are focused not only on individuals but also on their environments, such as through organizational practice and policy change. This is important because norms both *shape* and *are shaped* by organizational practices and policies (Level 4, 5). Norms emerge when institutions prescribe behavior, when individuals agree voluntarily to a new norm, or in an evolutionary manner.<sup>6</sup> Sometimes an institutional policy revision reflects a gradual change in attitudes and values or the discovery of new information, which changes the desirability of a given norm.<sup>7</sup> Policy change can trigger norms-change by altering what is considered acceptable behavior, by encouraging people to think actively about their own behavior, and by providing relevant information and a supportive environment to encourage change.

*The Spectrum maximizes the result of any one prevention activity.*

Data and evaluation inform all levels of the *Spectrum*. Successful prevention requires assessment of the community factors that increase the risk of violence and those that reduce the likelihood of violence. Once these are identified, activities can be delineated along each level of the *Spectrum* to reduce or bolster them, respectively. Any proposed activity should be based on data showing: 1) the issue is important, 2) the population the activity is designed to reach is clear and appropriate, and 3) the intervention is promising. Data isn't just numbers. The experience and wisdom of survivors, advocates, educators, and practitioners should be honored as key data sources in the development of prevention strategies. Valuable information about perpetration prevention can also be gained from professional organizations such as the Association for Treatment of Sexual Abusers, an international agency working to prevent sexual abuse through effective treatment and management of sex offenders.<sup>8</sup> After reviewing the data and developing an appropriate approach and set of activities, ongoing evaluation will ensure that activities continue to meet overall objectives. As an initiative is shaped, it is helpful to identify ways to measure success and gather input from participants and the community. The impact of primary prevention efforts can be measured through intermediate markers that can be monitored over time. For example, changes in risk and protective factors can be tracked, as well as changes in organizational standards, regulations, and policies, and the level of support and enforcement by management and leadership. While the "big changes" may be hard to accomplish, progress on the interim markers will assure steady advancement.

Examples of sexual violence primary prevention activities at each *Spectrum* level are provided in text boxes. While an activity at one particular level of the *Spectrum* is highlighted in each example, all of the activities are in fact implemented in conjunction with activities at other *Spectrum* levels.



# The *Spectrum of Prevention*

A tool for comprehensive action and norms change

Level of Spectrum	Definition of Level	
<b>1</b> LEVEL	Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing violence and promoting safety
<b>2</b> LEVEL	Promoting Community Education	Reaching groups of people with information and resources to prevent violence and promote safety
<b>3</b> LEVEL	Educating Providers	Informing providers who will transmit skills and knowledge to others and model positive norms
<b>4</b> LEVEL	Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
<b>5</b> LEVEL	Changing Organizational Practices	Adopting regulations and shaping norms to prevent violence and improve safety
<b>6</b> LEVEL	Influencing Policies and Legislation	Enacting laws and policies that support healthy community norms and a violence-free society

## LEVEL

# Strengthening Individual Knowledge and Skills

Strengthening individual knowledge and skills involves transferring information and skills and increasing an individual's capacity for preventing sexual violence. In a trusting relationship with a person who is perceived to have expertise or authority, even brief comments have a lasting impact, particularly when reinforced over time or through community norms and practices.<sup>9</sup> Physician advice, for example, has been associated with reductions in morbidity, mortality, risk behaviors, and risk factors, and increases in healthy behaviors. Physicians, childcare professionals, and teachers have the opportunity to ask about behaviors that can increase safety. Healthcare practitioners can engage patients to promote healthy relationships and healthy sexuality. Further, they can dialogue with parents about appropriate behaviors with children and keeping children safe.<sup>10,11,12,13</sup> Responsibility for strengthening individual knowledge and skills is not limited to health practitioners and human service professionals. For example, musicians, athletes, and community leaders can speak to students about the importance of healthy relationships and healthy sexuality.

### Level 1 - Individual Skill-building in Action: Wingspan, Tucson, Arizona

While the majority of sexual violence does not occur within the lesbian, gay, bisexual and transgender communities, sexual violence does occur within LGBT communities, and LGBT people are often targets of sexual violence based on their sexual orientation and gender identity. Wingspan, a lesbian, gay, bisexual and transgender (LGBT) community center in Southern Arizona works to promote healthy sexuality and prevent sexual violence affecting LGBT communities. For example, Eon, a youth program offered through a collaboration between Wingspan, Pima County Health Department, Southern Arizona AIDS Foundation and CODAC, reached 136 youth in 2004 through monthly sexual health workshops. Behavioral health staff and youth advocates facilitate workshops in which relationship dynamics is a frequent discussion topic of choice. Peer support is combined with information about sexual health and activities to build communication and negotiation skills in sexual situations. 74% of youth participants reported they felt “more comfortable talking with their sexual partner(s) since becoming involved with Eon.”<sup>14</sup>

## Promoting Community Education

# 2 LEVEL

Through community education, groups of people are reached with information and resources for improving safety and preventing sexual violence. Effective community education not only alerts individuals to new information, but also helps build a critical mass of support for safer behavior, norms, and policies. For example, Communities Against Rape and Abuse in Seattle, Washington organizes “Community Action Teams” that create spaces for people of color, people with disabilities, and other marginalized communities to build strategies for community safety, support, and accountability. The NSVRC’s coordination of Sexual Assault Awareness Month (SAAM) activities throughout the country each year is an example of how local community education efforts can be strengthened by national support.

Mass media campaigns have been shown to increase awareness, change attitudes, and build support for successful implementation of prevention policies.<sup>15</sup> Media coverage can foster public support by reflecting community involvement and activism. For example, at Utah State University in 2005, male students, faculty and staff donned women’s footwear for “Walk a Mile in Her Shoes,” a hike to raise awareness about sexual violence, invited men to become allies in prevention, and raised money for peer education. By creating an unusual spectacle, the event attracted local media attention including an article in the Salt Lake Tribune.<sup>16</sup> Media coverage can also garner the interest of legislators and policymakers and serve as a catalyst for broader change.

### Level 2 - Community Education in Action: Men Can Stop Rape, Washington, DC

Men Can Stop Rape (MCSR)’s Strength Campaign is a nationally and internationally successful educational outreach campaign to raise awareness of sexual and other violence in youth dating relationships and highlight the vital role young men can play in fostering healthy, safe relationships. Organized around the theme line, “My Strength is Not for Hurting,” the campaign emphasizes how men can be strong without using intimidation, force, or violence. The campaign posters convey a fresh look and emphasize young men taking positive action in public spaces with women and other men. The campaign’s positive images also counter false myths and stereotypes about men of color as perpetrators of violence. The community education efforts are explicitly linked to activities at many other levels of the *Spectrum*.<sup>17</sup>

## LEVEL 3 Educating Providers

Providers have influence within their fields of expertise and opportunities to transmit information, skills, and motivation to clients, community members, and colleagues. For instance, human service professionals are increasingly being trained to advise children, adolescents, and parents about the illness and injuries associated with unsafe behaviors.<sup>18</sup> It is essential, therefore, that providers receive education to improve their own understanding of sexual violence prevention.<sup>19</sup> To respond to this type of need, the Virginia Department of Health offers trainings and customized consultation for human service providers – for example, on how to involve men and boys in sexual violence prevention. Training and networking between advocates and practitioners can be strengthened through innovative, affordable approaches. For example, the California Coalition Against Sexual Assault’s Prevention Connection project organizes web conferences and web dialogues and moderates a listserv to advance primary prevention of sexual and domestic violence against women, all free of charge.<sup>20</sup> Beyond their role in transmitting knowledge and skills, with appropriate training, providers such as doctors, teachers, law enforcement officers, childcare workers, and others, can also be highly effective advocates for prevention policies.

By expanding the notion of provider, it is possible to mobilize a broader group in advancing sexual violence prevention. Providers can include journalists, building owners/managers, movie producers, librarians, staff at senior centers and recreation centers, radio station DJ’s, prison guards, bar tenders, and insurance policy agents. With sexual violence prevention training, these groups are better able to incorporate sexual violence prevention into their practices. For example, journalists will be better equipped to report on sexual violence from a prevention perspective, asking questions that contribute to an understanding of community solutions as opposed to reinforcing myths and fear. Librarians can be trained to acquire books that focus on healthy and equitable relationships and healthy sexuality across the lifespan.

### Level 3 - Educating Providers in Action: SafePlace, Austin, Texas

SafePlace’s Expect Respect program promotes safe and healthy relationships through counseling and educational programs in K-12 schools. Participating schools form a Leadership Team, consisting of an administrator, counselor, resource officer, teachers, parent representatives, and others. This team develops guidelines and coordinates school-wide activities to promote a positive school climate and prevent bullying, sexual harassment and gender violence. A critical element is training for school staff on how to respond to and prevent harassment. During the 2003-2004 academic year, 3,575 school administrators, faculty, parents and other professionals were trained. An overwhelming majority of participants strongly agreed or agreed that the training raised their awareness, expanded their skills, and helped them to better meet the needs of their students.<sup>21,22</sup>

## Fostering Coalitions and Networks

# 4 LEVEL

Coalitions and networks bring together the necessary participants to ensure an initiative's success. They increase the "critical mass" behind a community effort, help groups to trust one another, and reduce the likelihood of resource squandering through unnecessary competition among groups.<sup>23</sup> Partnerships across sectors and fields can be especially useful for accomplishing a broad range of goals that reach beyond the capacity of any single organization. A creative example is the "Take Back the Music" campaign launched by *Essence* magazine to engage hip-hop artists in dialogue and education about sexism and misogyny in music lyrics and videos and the connections to sexual violence.<sup>24</sup> Across the country, formal local coalitions are expanding their membership to include faith institutions, prisoner rights organizations, disability rights organizations, elder abuse prevention councils and businesses. Like a jigsaw puzzle, each piece of a collaboration is important, and only when all of the pieces are put together is the whole picture complete. By working together, coalitions can conserve resources by reducing duplication and sharing expenses, foster cooperation between diverse sectors of society, and increase the credibility and impact of their efforts.

### Level 4 - Coalitions in Action: Minnesota Sexual Violence Prevention Action Council, Minnesota

A broad array of organizations and agencies recently formed the Minnesota Sexual Violence Prevention Action Council to promote primary prevention of sexual violence through communication, collaboration, and changing systems, policies and organizations. Using the *Spectrum of Prevention* to inform its work, initial efforts are focusing on youth development, healthcare/public health systems and male leadership development. Members include representatives from public systems, including human services, education, public safety, corrections and public health, as well as advocates for victims, rural communities and women of color, offender treatment providers, researchers, and prevention consultants.<sup>25</sup>

## LEVEL 5 Changing Organizational Practices

Changing the practices of institutions – business, government, faith-based organizations, schools, law enforcement, sports organizations, the media, funding organizations, health services and others – can have an enormous impact. By changing its own regulations and practices, an organization can have a broad effect on community norms. It can set expectations for, incentivize, and model behavior; serve as an example for other organizations; inform related policy; build awareness and buy-in; and affect norms. Yet this is usually the least understood and most frequently ignored component of the *Spectrum*.

Changes in organizational practice can also catalyze other sexual violence prevention efforts. For instance, a media outlet may choose to restrict advertising with negative portrayals of women and men of color, which could raise awareness and influence advertising campaigns. Healthcare institutions can establish work place policies in alignment with ending sexual violence, including anti-harassment policies and modeling of egalitarian relationships. Movie theaters could not show movies that normalize or promulgate sexual violence or sponsor discussion groups on healthy sexuality for moviegoers who view these movies. Sports organizations could reduce alcoholic beverage sales at games, require athletes to participate in violence prevention training, and create opportunities for athletes to work with youth as positive role models. Consumers can reinforce these practices by supporting organizations and business that build healthy community norms.

### Level 5 - Changing Practices in Action: Kehilla Community Synagogue, Oakland, California

Kehilla Community Synagogue developed and adopted, “Policy Guidelines on the Prevention of and Response to Abuse,” to address sexual assault, sexual harassment, domestic violence, child abuse, elder abuse, abuse of dependent adults, abuse of people with disabilities, and clergy misconduct. The policy outlines the congregation’s intention to help community members to learn to relate in non-abusive ways within interpersonal and organizational relationships and support those who are abused. It specifies that abuse education will be integrated into religious services, programs, and counseling.<sup>26</sup> The policy is distributed to all members and posted on the website. Clergy, administrators, and teachers have been trained and educational events and an annual healing service have been held.<sup>27</sup>

## Influencing Policies and Legislation

# 6 LEVEL

Changes in local, state, and federal laws, as well as the adoption of formal policies by boards and commissions, fall under the umbrella of influencing policy and legislation. This level presents opportunities for the broadest improvement in outcomes. Policies can affect large numbers of people. In some cases, laws and policies already exist that could protect public safety, but could be strengthened by an additional law or change in policy. In other cases, better enforcement or a change in an organization's practices (see level 5) may be necessary to ensure the effectiveness of existing laws.

In recognition of the high rates of sexual violence committed against Native women and the need for policy change, Cangleska, in Kyle, South Dakota, directly engages with the nine districts in their local reservation, actively participates at state committee hearings, maintains relationships with key members of Congress, and takes leadership in the South Dakota Domestic Violence and Sexual Assault Coalition.<sup>28</sup> Other sexual violence prevention policy efforts have focused on changing the mindset of policymakers to address their skepticism about primary prevention. For example, advocates in Massachusetts are considering working on a cost effectiveness report on sexual and domestic violence prevention for the state.<sup>29</sup> While traditionally grassroots groups haven't had full access to policymakers, finding ways to ensure their voices are heard about the value of primary prevention could be an important way to influence legislation.

When advocates and practitioners think about policy, often they think about state and federal policy. But useful policy is often developed locally. Local policies can be tailored to individual community needs, raise awareness and support, and act as a laboratory for broader policy change, providing valuable clues about the most effective and appropriate models. Further, local communities are not burdened with the bureaucracy that often inhibits progress at the state and national levels. Years ago, the Los Angeles

(Continued on page 14)

### Level 6 - Influencing Policy and Legislation in Action: Wichita Area Sexual Assault Center and the Safe Communities Coalition, Wichita, Kansas

Working with an alternative school for students ranging in age from 11 -18, Wichita Area Sexual Assault Center and the Safe Communities Coalition developed an innovative curriculum, "Steppin' Up to Violence Prevention," which includes lessons on sexual violence prevention and healthy behavior through lectures, role-playing and art projects. The curriculum was so successful that support spread among teachers and eventually garnered the attention of the school district leadership. In 2002 the superintendent invited program staff to work together to design a policy on bullying and sexual harassment prevention for the entire school district. Policy change within the Wichita school district has served as a model for other school districts throughout the state.<sup>32</sup>

(Continued from page 13)

Commission on Assaults Against Women recognized that implementing pilot programs and getting sexual violence prevention policies passed one school site at a time would be effective and more achievable, given the political climate, in addition to pushing for district-wide and state-wide policy change.<sup>30</sup>

Another example of local policy change is in South Los Angeles, California. Though not focused explicitly on sexual violence, the goal was to reduce the availability of alcohol, a risk factor for perpetration, through the reduction of outlets allowed by the zoning ordinances. The coalition was able to change zoning laws and prohibited 200 liquor stores from opening within a three year period. Evaluation documented a 27% reduction in violent crime and felonies, drug-related felonies and misdemeanors, and vice, including prostitution, within a four-block radius of each liquor store that was closed.<sup>31</sup> Other models of local policy change include restricting permits for use of government facilities, such as fair grounds, convention centers, and sports arenas. Many violence prevention advocates had success, for example, in restricting gun shows at county fair grounds. Similar strategies could be applied to events and/or their advertising which promulgate norms that contribute to an environment in which sexual violence occurs.

## Synergy of the Spectrum of Prevention in Action: Stop It Now!

**S**top it Now! is a national organization with affiliate sites that uses multi-tiered strategies to promote adult and community responsibility for child sexual abuse prevention.<sup>33</sup> Stop it Now! recognizes that many adult behaviors foster acceptability of inappropriate boundaries with children – for example, forcing a child to sit on an adult’s lap when they don’t want to or opening the door when an adolescent is bathing. They challenge norms that suggest that adults’ questioning the behavior of other adults is inappropriate or that discussion of healthy sexuality is improper.<sup>34</sup>

To *strengthen individual knowledge and skills*, staff members coach adults on their national helpline to create family safety plans that foster a family culture of communication and appropriate boundaries. From their fact sheets on healthy child sexual development and guide “Let’s Talk,” adults learn to set limits with other adults. They use multiple *community education* channels to motivate people to action – for example, through organizing screenings and discussions about relevant movies, such as *The Woodsman*, and writing Op Ed articles to draw the attention of legislators.<sup>35</sup> The Georgia affiliate has conducted *provider trainings* for family support workers, social workers,



teachers, and school counselors to embed prevention concepts among professionals who may not recognize their potential role in preventing child sexual abuse.<sup>36</sup> The Minnesota affiliate trained childcare licensing staff to promote appropriate boundaries and healthy behavior in childcare settings. The tremendous demand generated by these trainings catalyzed a change in *organizational practice* within the state's regional childcare resource and referral networks. Stop it Now! will conduct a training-of-trainers for these regional networks which will enable them to offer trainings themselves on an ongoing basis. This partnership approach reflects the agency's commitment to *fostering coalitions and networks*. Stop it Now! works to *influence policy and legislation* at the local, state and national levels. For example, the Minnesota chapter is supporting legislation to include sexual violence prevention information in school-based sex education curriculum.<sup>37</sup> In sum, efforts to educate and build skills are reinforced by a broader set of activities that change environments, such as child-serving organizations and schools. Further, these kinds of activities (provider trainings, coalitions, organizational practice, and policy change) have a broader reach than would be possible one person at a time. Together, they are helping to shift public will toward prevention and foster environments in which child sexual abuse is less likely to be perpetrated.

*All members of the community have a valuable role to play.*

## CONCLUSION

### Changing Communities, Changing Norms

It is critical that a prevention strategy addresses norms because of their power in influencing behavior. If violence is typical and this expectation is reinforced by the media, school, and community, it is far more likely to occur and will occur with greater frequency. If norms discourage safe behavior or do not support healthy, equitable and safe relationships, then programs focused on individual change will not prevent sexual violence unless related norms are changed as well. Thus, norms change is essential; it is best accomplished through a community approach. The community has a stake in preventing sexual violence and all members have a valuable role to play. By developing and implementing interventions along the *Spectrum of Prevention*, communities can foster a more comprehensive sexual violence prevention strategy for a community solution.

## Spectrum of Prevention: Sample Activities

### 1 Strengthening Individual Knowledge and Skills

LEVEL

- Provide multiple session skill-building programs that teach healthy sexuality and healthy and equitable relationships skills to high school students
- Build the skills of bystanders to safely interrupt behavior such as sexist and homophobic harassment
- Teach parents to address attitudes and behaviors in their children that support sexual violence

### 2 Promoting Community Education

LEVEL

- Stage community plays that reinforce positive cultural norms, portray responsible sexual behavior, and models of bystander action
- Hold religious and political leaders accountable for providing clear and consistent messages that sexual violence is not appropriate; model healthy, equitable relationships and healthy sexuality
- Foster media coverage of sexual violence with a focus on underlying factors and solutions
- Develop awards programs to publicly recognize responsible media coverage and community leadership to prevent sexual violence

### 3 Educating Providers

LEVEL

- Train little league coaches to build skills to interrupt and address athletes' inappropriate comments and behaviors that promote a climate condoning sexual harassment and sexual violence
- Train prison guards on rape prevention
- Train nursing home providers on sexual violence prevention practices
- Educate musicians, song writer, DJ's, and producers about the impact of music lyrics and videos

### 4 Fostering Coalitions and Networks

LEVEL

- Foster partnerships between researcher/academics and community providers to strengthen evaluation approaches
- Engage art organizations to promote community understanding and solutions
- Engage grassroots, community-based organizations and sectors of government, including social services, health, public health, law enforcement and education
- Engage the business sector to foster workplace solutions and build support among their peers

### 5 Changing Organizational Practices

LEVEL

- Implement and enforce sexual harassment and sexual violence prevention practices in schools, workplaces, places of worship and other institutions
- Implement environmental safety measures such as adequate lighting and emergency call boxes, complemented by community education and enforcement of policies
- Encourage insurers to provide healthy sexuality promoting resources and materials

### 6 Influencing Policies and Legislation

LEVEL

- Promote and enforce full implementation of the Title IX law
- Establish policies at universities to provide sexual violence prevention curriculum to all students and training to all staff, and include funding as a line item in the university's budget
- Pass middle and high school policies to offer comprehensive sex education programs that include sexual violence prevention and address contributing factors in the school environment

## REFERENCES

1. Tjaden P, Thoennes N. *Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey*. Washington (DC): National Institute of Justice; 2000. Report NCJ 183781.
2. Krug, EG, et. al., eds. 2002. *World report on health and violence*. Geneva, Switzerland: World Health Organization.
3. A social environmental approach to health and health interventions. In: Smedley BD, Syme SL, (Eds.) *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Washington, D.C. National Academy Press; 2000:4.
4. Ullmann-Margalit E. Revision of norms. *Ethics*. 1990, 100: 756.
5. Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. *Inj Prev*. 1999;5:203-207.
6. Opp, K (1982). "The evolutionary emergence of norms", *British Journal of Social Psychology*, 21, 139-149.
7. Ullmann-Margalit E. Revision of norms. *Ethics*. 1990, 100: 756.
8. Association for the Treatment of Sexual Abusers. Available at [www.atsa.com](http://www.atsa.com). Accessed on May 26, 2006.
9. Gruninger UJ. Patient education: an example of one-to-one communication. *J Hum Hypertens*. 1995;9:15-25.
10. Coker A. Opportunities for prevention: addressing IPV in health care setting. *Family Violence Prevention and Health Practice*. 2005; 1.
11. King MC. Changing women's lives: the primary prevention of violence against women. *AWHONN's Clinical Issues*. 1993; 4 no. 3.
12. Sampsel M. The role of nursing in preventing violence against women. *J Obstet Gynecol Neonatal Nurs*. 1991 20: 481-487.
13. Schwartz IL. Sexual violence against women: prevalence, consequences, societal factors, and prevention. *American Journal of Prevention Medicine*. 1991 7(6): 262-373.
14. Reported by Kelli "JC" Olson oral communication, May 23, 2005 and Lori B. Girshick, written communication, May 26, 2005.
15. Jernigan DH, Wright PA. Media advocacy: lessons from community experiences. *J Public Health Policy*. 1996;17:306-330.
16. Brunson, AN. 2005. Males don female footwear to raise sexual assault awareness. *The Salt Lake Tribune*, April 11, 2005. Available at [www.sltrib.com](http://www.sltrib.com). Accessed on May 20, 2005
17. Reported by Patrick Lemmon, oral communication, January 12, 2005.
18. Richmond R, Kehoe L, Heather N, et al. General practitioners' promotion of healthy lifestyles: what patients think. *Australian and New Zealand J of Public Health*. 1996;20:195-200.
19. Franklin, B. Funders forum: reaching men and boys. *Moving Upstream: Virginia's newsletter for the primary prevention of sexual violence*. March 2005; 1,1: 3. Available at <http://www.vahealth.org/civp/sexualviolence/Moving%20Upstream.pdf>. Accessed on April 11, 2005.
20. Prevent Connect. Available at [www.preventconnect.org](http://www.preventconnect.org). Accessed on May 26, 2005.
21. Expect Respect SafePlace School-based Services Program Evaluation 2003-2004 Academic Year. Austin, Texas; SafePlace; 2004. Available at [http://www.austin-safeplace.org/site/DocServer/Expect\\_Respect\\_03\\_04\\_report.pdf?docID=641](http://www.austin-safeplace.org/site/DocServer/Expect_Respect_03_04_report.pdf?docID=641). Accessed on May 20, 2005.
22. Reported by Barri Rosenbluth, written communication, June 20, 2005.
23. National Committee for Injury Prevention and Control. Injury prevention: meeting the challenge. *Am J Prev Med*. 1989;5:98; Cohen L, Baer N, Satterwhite P. Developing effective coalitions: an eight step guide. In: Wurzbach ME, ed. *Community Health Education & Promotion: A Guide to Program Design and Evaluation*. 2nd ed. Gaithersburg, Md: Aspen Publishers Inc; 2002:161-178.
24. Essence. Take back the music. Available at [www.essence.com/essence/themix/takebackthemusic](http://www.essence.com/essence/themix/takebackthemusic). Accessed on January 31, 2005.
25. Reported by Amy Okaya, oral communication, April 11, 2005.
25. Family Violence Prevention Fund. Policy Guidelines on the Prevention of and Response to Abuse in Kehilla Community Synagogue. Available at [http://toolkit.endabuse.org/Resources/PolicyGuidelines/FVPPFResource\\_view?searchterm](http://toolkit.endabuse.org/Resources/PolicyGuidelines/FVPPFResource_view?searchterm). Accessed on June 5, 2005.
27. Reported by Paul Kivel, written communication, May 21, 2005.
28. Reported by Karen Artichoker, oral and written communication, June 16 and 17, 2005.
29. Reported by Marci Diamond and Mark Bergeron-Naper, oral communication, February 3, 2005.
30. Leah Aldridge and Abby Sims, oral communication, January 30, 2005.
31. Aboelata, M. *The Built Environment and Health: 11 Profiles of Neighborhood Transformation*. Oakland, Calif: Prevention Institute; 2004.
32. Reported by Shelley V. Bearman, oral communication, May 26, 2005.
33. Reported by Alisa Klein, oral communication, June 3, 2005.
34. Reported by Yvonne Cournoyer, oral communication, June 21, 2005.
35. Reaching the Public, Influencing Our Peers. Stop It Now! News Spring 2005, Volume 13, No. 1. Available at <http://www.stopitnow.com/newsletters/sprg05.html>. Accessed on May 26, 2005.
36. Reported by Sally Thigpen, oral communication, June 21, 2005.
37. Reported by Yvonne Cournoyer, oral communication, June 21, 2005.



Toll-free: 877-739-3895

TTY: 717-909-0715

Email: [resources@nsvrc.org](mailto:resources@nsvrc.org)

[www.nsvrc.org](http://www.nsvrc.org)